

Selecting Programs for Worksite Health Enhancement

By: G. Cole, [J.M. Eddy](#), and G. Friedman

Cole, G., Eddy, J.M. & Friedman, G. (1987). Selecting programs for worksite health enhancement. *Occupational Health and Safety*, 56, 4, 30-34.

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Article:

The number of outside vendors that provide health enhancement services in the workplace has increased dramatically with the demand. Recent estimates indicate there are more than 300 stress management vendors alone.¹

Although this proliferation of worksite health enhancement offerings is a positive trend, it has led to some legitimate concerns over the quality of these offerings.

For example, some entrepreneurs in their quick response to marketplace demands, promoted deficient programs along with quality health enhancement services. The failure of an inadequate program can reflect negatively on the overall acceptance of quality services.

PROGRAM SPECIFICATIONS

The Health Evaluation and Longevity Planning Foundation (H.E.L.P.) developed a list of specifications designed to assist consumers to decide whether any given health enhancement products and services are worthwhile.

H.E.L.P. specifications designate six components that should affect program selection: past experience, organization personnel, laboratory, data system, health education and health maintenance. The specifications and useful questions are listed in Table 1. Answers to these questions should provide the information necessary to identify quality providers of the service or program in question.

Past Experience. Responses to these questions will provide basic background data on the past performance of the provider. Caution should be used when evaluating these data because some service providers with limited past experience may provide quality cost effective services. In essence, these data should be considered with other provider characteristics.

Organization. Data gathered from these questions will help the consumers choose programs that meet their specific needs. For example, if the consumer is looking for a service that will help develop health enhancement programs, knowing that one of the applicant's major objectives focuses on secondary prevention or treatment may simplify the decision.

Personnel. The professional experience of the service's personnel often will give an indication of what services are offered and competently delivered.

APPROPRIATE STAFFS

Often, firms that claim to provide preventive services are staffed by clinically oriented practitioners. A provider with staff members who have diverse backgrounds is more likely to provide comprehensive health enhancement programs and services.

Health Education. Because of the preventive focus of worksite health enhancement, health education is considered to be indispensable. Hence, the questions in the section are directed at helping the consumer find acceptable services.

State-of-the-art health education programs have two broad objectives.²⁻⁴ The first is to motivate participants to adopt healthy behavior (for example, exercise, stress management, proper diet). The second is to provide individual participants with information about existing health hazards and how to develop a lifestyle to avoid them.

Contemporary health education services rely heavily on behavior modification. Therefore, it is important to note whether a program under consideration provides incentives to participants who adopt healthy behavior. Otherwise, the impact of utilizing these services is likely to be modest.

Health Maintenance Program. Health enhancement services are often disappointing if follow-up services are lacking, poorly designed or improperly implemented. Appropriate evaluation and follow-up are vital if quality programming is to be developed and maintained continuously. Therefore, answers to the questions in this section are designated to help the consumer assess the considered firms' follow-up and evaluation abilities.

Table 1
H.E.L.P. Specifications

I. Past Experience

How many participants involved since the beginning of organization? Date of first project?

How many organizations involved? Total history?

How many projects (organizations) currently under contract?

List of references?

List of past and present clients? Evaluation of satisfaction by individual participants?

Evidence of cost containment from organization's client?

II. Organization

What are the goals and objectives of the program?

Is the organization legally incorporated; and when was it incorporated?

Is the organization(s) for profit; not-for-profit?

Is there a research component?

Names, background of officers and board of directors?

Evidence of financial stability?

Evidence of professional and general liability insurance?

Past history claims?

Is there an office or facility?

Can the testing be performed at this facility?

Does the organization have a mobile unit?

Can the program be implemented throughout the state or nation?

Evidence of program implementation in other geographic areas?

Does the organization utilize the service of an accounting firm, law firm?

What are the credentials of the program's directors?

Do the directors have full-time, part-time, consultant status?

Approximately how many participants were processed per month over the past six months?

How is the program explained to potential participants?

Are printed explanatory materials available?

Are various plan options available; can other plans be developed?

Is the system copyrighted?

III. Personnel

A. Number of employees?

Full Time

Part Time

Consultants

B. Professional Backgrounds?

Health Educators

Exercise Physiologists

Registered Nurses

Physicians

Marketing Specialists

Evaluation Specialists

Nutritionists

Clinical Psychologists

Behavioral Psychologists

Research Associates

Epidemiologists

Other

C. Qualification and Training, Degrees, Licenses?

IV. Laboratory and Laboratory Personnel

Is there an "in-house" laboratory?

If an outside laboratory is utilized, is it licensed? (state and interstate)

Pathologist directed? Staffed by technologists or technicians?

Is it a general commercial laboratory?

Name of laboratory?

How long in business?

"In-House" laboratory licensed (state and interstate) to perform what tests?

Pathologist directed?

Staffed by technologists or technicians?

Years of experience?

What laboratory equipment is utilized—is there a preventive maintenance contract?

Provide evidence of quality control (proficiency programs, etc.)?

'Run around time of laboratory procedures?

Is the laboratory inspected by the Department of Laboratories, State Department of Health Services?

V. Data System

Is data collected and analyzed for individual participant?

And for group?

Is data computerized?

Is data input and output on the organization's premises?

Is there evidence of ensuring confidentiality of individual data?

Has there ever been a breach of confidentiality?

Does the individual participant receive a printout of results; are results explained (printed and verbally given)?

Is there a group analysis; and analysis of behavior change; cost-benefit analysis?

Is there a comparison of the project with a known "standard population"?

Is there a questionnaire?

What type is it?

Has it been tested?

How is it utilized?

How fast is data returned to individual participant?

VI. Health Education

What type of health education is utilized (individual, aggregate)?

What are the qualifications of health education personnel (on staff or consultant)?

Are stop smoking, physical fitness, weight reduction, stress reduction information programs included?

Can the health education programs be expanded to include substance abuse, safety, etc.?

What methods and techniques are used (behavior changes strategies, programmed learning, group counseling, lectures, etc.)?

VII. Health Maintenance Program (HMP)

Are there provisions for follow-up, support, monitoring, communication?

What are the qualifications, training, experience of HMP personnel?

Is there retesting in the HMP program?

Is there an extra charge?

How is the HMP structured?

Individual consultation; group discussion or both?

Is an evaluation of activities and accomplishments of the HMP program available?

Are these personnel supervised?

References of organizations utilizing a follow-up program?

Is communication available from participant to professional personnel?

Are medical referrals part of the system; how is this implemented?

References

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3. O'Donnell, M.P and Ainsworth, T.H. *Health Promotion In the Workplace*. New York, John Wiley & Sons, 1984.
4. Everly, G.S. and Feldman, R.H.L. *Occupational Health Promotion: Health Behavior in the Workplace*. New York, John Wiley & Sons, 1985.